

Superior court OF CALIFORNIA
COUNTY OF MARIN

PROPOSED GUARDIAN INFORMATION FORM

GUARDIANSHIP OF: _____ **CASE NO.** _____
(Name of Minor)

GUARDIANSHIP OF: () Person and Estate () Person Only () Estate Only

IN ORDER TO PREVENT ANY DELAY IN YOUR HEARING, THE PROPOSED GUARDIAN MUST COMPLETE THIS FORM IN ITS ENTIRETY AND FORWARD WITHIN FIVE DAYS TO:

Court Investigator
Hall of Justice
3501 Civic Center Drive – Room 116
San Rafael, CA 94903
(415) 499-6683

- | | | | |
|------------------------------|-----------------------------|----------------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Is this child a ward of the Court or on probation? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Does anyone object to this petition? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Do the parents of the minor consent to this petition? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN | Has anyone (biological parents/proposed guardian) had prior contact with Family Mediation Services? |

NEED FOR GUARDIANSHIP: Please state the need for the establishment of a guardianship including specific reasons why the parents are unable to care for the proposed ward.

BIOLOGICAL PARENTS:

MOTHER

Name: _____
Address _____
Phone Number: _____
Employer: _____

FATHER

Name: _____
Address: _____
Phone Number: _____
Employer: _____

GUARDIANSHIP OF: _____

CASE NO. _____

PROPOSED GUARDIAN(S):

Name of Proposed Guardian: _____

Social Security Number: _____ Driver's License: _____

Date of Birth: _____

Relationship to Minor: _____

If not related to minor, please answer the following questions:

How long has the minor lived with you? _____

How often do you see the minor? _____

State any other pertinent information concerning your contacts with the minor:

Name of Proposed Guardian: _____

Social Security Number: _____ Driver's License: _____

Date of Birth: _____

Relationship to Minor: _____

If not related to minor, please answer the following questions:

How long has the minor lived with you? _____

How often do you see the minor? _____

State any other pertinent information concerning your contacts with the minor:

Name(s) of other person(s) living in the home (including minor children and their ages):
Please provide Social Security Number, Date of birth, and Social Security Number for anyone
living in the home over the age of 18.

YES / NO Does proposed guardian or anyone living in the proposed guardian's home
have any arrest record? If answer is yes, please state all information
concerning the nature of the offense, the date, place and disposition.

YES / NO Has the proposed guardian or anyone living in the proposed guardian's
home had any prior contact with Child Protective Services?

GUARDIANSHIP OF: _____

CASE NO. _____

YES / NO Does the minor or any other persons residing in guardian's home have any pending or prior proceedings in the Juvenile Court? If yes, please state all information regarding the date, place and disposition.

YES / NO Has the proposed guardian ever filed for bankruptcy? If yes, please state date and disposition of bankruptcy petition.

MINOR CHILD:

Name, Address and phone number of day care or school:

Does the minor have any special educational needs or any problems at school?

Name, Address and phone number of minor's doctor.

Does the minor have any serious illnesses, physical/developmental disabilities or emotional or psychological needs known to the proposed guardian? If so, give a brief statement regarding these needs.

NEED FOR VISITATION ORDER: Please state any information regarding visitation orders which are currently in effect and any information concerning visitation issues between any of the parties. If visitation is an issue, please state how often the parents visit the minors.
